



Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-4344

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Unexplained Critical Illness or Death

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ **Preexisting medical condition which may have contributed to current illness or death**

☐ ☐ ☐ ☐ **Previously healthy**

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Spleen removed (asplenic)

☐ ☐ ☐ ☐ Chronic diabetes

☐ ☐ ☐ ☐ Chronic heart disease

☐ ☐ ☐ ☐ Chronic kidney disease

☐ ☐ ☐ ☐ Chronic liver disease

☐ ☐ ☐ ☐ Chronic lung disease

☐ ☐ ☐ ☐ Cancer, solid tumors, or hematologic malignancies

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Encephalitis or encephalomyelitis**

☐ ☐ ☐ ☐ **Meningitis**

☐ ☐ ☐ ☐ Meningoencephalitis

☐ ☐ ☐ ☐ **Myocarditis**

☐ ☐ ☐ ☐ **Respiratory failure**

☐ ☐ ☐ ☐ **Liver abnormality or failure**

☐ ☐ ☐ ☐ **Leukocytosis (>15,000)**

☐ ☐ ☐ ☐ Acute CNS event

☐ ☐ ☐ ☐ Botulism-like syndrome

☐ ☐ ☐ ☐ Paralysis or weakness

☐ Acute flaccid paralysis ☐ Asymmetric

☐ Symmetric ☐ Ascending ☐ Descending

☐ ☐ ☐ ☐ Endocarditis

☐ ☐ ☐ ☐ Pericarditis or pericardial effusion

☐ ☐ ☐ ☐ Respiratory infection Type: _____

☐ ☐ ☐ ☐ Gastrointestinal symptoms

☐ ☐ ☐ ☐ Hepatitis

Clinical Findings (cont'd)

Y N DK NA

☐ ☐ ☐ ☐ Rash observed by health care provider

Rash Distribution: _____

☐ Generalized ☐ Localized ☐ Macular

☐ Papular ☐ Pustular ☐ Vesicular

☐ On palms and soles ☐ Bullous

☐ Other: _____

☐ ☐ ☐ ☐ Regional lymphadenitis

☐ ☐ ☐ ☐ Hemorrhagic signs

☐ ☐ ☐ ☐ DIC

☐ ☐ ☐ ☐ Sepsis syndrome

☐ ☐ ☐ ☐ Shock

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization

☐ ☐ ☐ ☐ **Histopathologic evidence of an acute infectious process**

☐ ☐ ☐ ☐ Was a final diagnosis made?

Final diagnosis: _____

☐ ☐ ☐ ☐ **Admitted to intensive care unit**

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT

☐ ☐ ☐ ☐ ☐ **Preliminary testing has revealed a cause for illness or death**

EXPOSURE

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
 Out of: ☐ County ☐ State ☐ Country
 Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ Congregate living
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
☐ ☐ ☐ ☐ Wildlife or wild animal exposure

☐ Patient could not be interviewed☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Any public health action, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____